had contracted pelvis. The interesting thing about this series of cases is that fact that all of the mothers did well. Fortunately, little or no effort had been made to deliver these patients before they were admitted to hospital. In dealing with cases of delayed labor where delivery must be accomplished by section, the reviewer ascertains as carefully as possible what has been done or attempted with the patient before admission to hospital. The surroundings of the patient in her lodging must also be taken into account. A further item of great importance is the known reputation of the physician who has sent her to hospital, for his skill and diligence in antiseptic precautions. From the stand-point of the patient, her age and general physical condition must not be forgotten. If the patient be young, the effort should be made to avoid hysterectomy, and thoroughly irrigating the uterus through the incision with hot sterile salt solution, and packing with 10 per cent. iodoform gauze should be practised. In a considerable number of cases this method has given excellent satisfaction. Where, however, the interior of the uterus is foul, greenish in color, and the patient's history states that repeated efforts at delivery were made, the removal of the greater portion of the womb, leaving the stump in the lower end of the abdominal incision, is the only safe procedure.

The Fetal Heart Sounds in Placenta Previa.— BAUGHMAN (*Amer. Jour. Obst.*, February, 1915) has studied the fetal heart sounds in placenta previa. He finds that comparison with heart sounds can only be made when we examine the fetal heart at the point of the abdomen of the woman nearest the middle of the back or the chest of the fetus. The exact location of the back or chest must be determined by external examination. In the interests of the child delivery should be accomplished as soon as possible after the diagnosis of placenta previa is made.

Pituitary Extract with Parturient Patients.—ESBENSEN (*Arch. mens. l'obstetrique*, September, 1914) has found in his clinical observations that pituitary extract in the majority of cases either produces or increases the vigor of the forces of labor. Uterine contractions become physiological in character, being rhythmical and increasing gradually. Pituitary extract will not cause miscarriage in a pregnant patient. When an abortion has actually begun and is in progress pituitary extract will increase somewhat the contractions of the uterus. In premature labor this substance acts essentially as it does at full term. In cases of labor at term pituitary extract has its best effect toward the end of parturition. The effect is less pronounced at the beginning. Good and efficient contractions of the uterus are not especially increased by pituitary extract, but they do not become tetanic in character because of this remedy. Where uterine contractions are very painful this substance will not lessen the pain, except in so far as it brings about more regular action of the uterine muscle. Considerable elevation of temperature during labor seems to arrest the effect of pituitary substance. In but one case was there observed atony of the uterus postpartum. Under proper precautions, and in skilled hands, pituitary extract given during labor is not dangerous for the child. Diseases of the heart are not a contra-indication to the use of this substance, nor are albuminuria and nephritis when they do not assume the extremely virulent and active type. A very small quantity of albumin is often found where this substance has been given during labor, and this must be kept in mind in using the remedy during eclampsia.

Salpingitis Opening into the Bladder through Suppuration.—AUVROY (*Arch. mens. l'obstétrique,* November, 1914) reports the interesting case of a patient who had salpingitis upon the right side, with enlargement of the womb, pain, and disability. The patient was kept for some time under observation in hospital, but without especial improvement, when operation was performed. The opening into the bladder through which the pus from the pyosalpinx had made its way could be distinctly seen by the cystoscope. The patient made a good recovery. In a second case section was performed because the patient had a history of infection and high fever. This was followed by rapid distention of the abdomen, with toxemia and death. In each of these cases the bladder had become involved by the adhesion of the affected tube, and an opening had developed into the bladder, into which pus had been discharged.

GYNECOLOGY

UNDER THE CHARGE OF

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Physiology and Pharmacology of the Human Uterus.—A number of rather interesting experiments with human uterine muscle have been reported recently by LIEB (*Amer. Jour. Obst.,* 1915, lxxi, 209). The material was obtained in the operating room, strips of tissue being cut at once from freshly extirpated uteri and placed in jars containing 500 c.c. of oxygenated Ringer's solution. If the tests were to be made immediately, this was kept at a temperature of 38° C., but it was found that by keeping the solution at 5° C. the tissue could be preserved from one hundred hours or more, and would then show, upon being placed in warm solution, practically the same reactions as fresh tissue, although somewhat less in degree. The strips were taken from the outer, longitudinal layer of the uterine muscle, and were studied by being suspended in a cylinder containing warm, oxygenated Ringer's fluid, one end of the strip being attached to the lever of a kymograph. Under these conditions, the normal, non-pregnant human uterus shows slow but powerful contractions, which may be regular, or which may come at varying intervals. These contractions occur at the rate of 10 to 60 per hour; the Fallopian tubes—which were also tested in some instances—have a much faster rate of contraction, 120 to 200 times per hour. Their contractions are small, and fairly regular. From these experiments it is evident, says the author, that however much uterine contractions may be influenced by nerve impulses arising within the